

**GSA SmartPay2 – Department of the Interior - Integrated Form**

To ensure accurate and timely processing please type or print clearly. Incomplete, illegible forms will not be processed.  
Information collected on this application is subject to the Privacy Act of 1974 (5 U.S.C. 552a) and applicable agency regulations.

<b>Action Required: (Check one)</b>		New Account <input checked="" type="checkbox"/>				Reinstatement <input type="checkbox"/> *				Recheck Credit <input type="checkbox"/> *													
*Cardholder Account (Required if this action requested)		5	5	6	8	---	2	6			--					---							
<b>Agency Information Required</b>																							
Agency/Organization Name: United States Department of the Interior																							
Company #		700 0 0 (5 digits total)				Bank 8226				Plastic Type <input checked="" type="checkbox"/> Standard (Agent 0100)													
Hierarchy Level:		Level 1 00003		PaymentNet Hierarchy ID								Tax Exempt Field											
												1		1		9							
<b>Cardholder Information Required</b>																							
Cardholder Name (First Name MI, (Asterisk*), Last Name)																							
Social Security # (Required)				--				--				Date of Birth (MM/DD/YYYY) (Required)				/		/					
Name Line 2		TAX EXEMPT ID 140001849																					
Address Line 1																							
Address Line 2																							
City																State		Zip Code					
Telephone Numbers: (Including applicable Area Codes)																							
Work Phone ( ) -				FAX Number (202) 219-1185								Home Phone ( ) -											
Employee E-mail												Employee ID (Optional)											
Master Accounting Code		Segment 1 Blank		Segment 2				Segment 3				Segment 4				Segment 5				Segment 6			
Business Line(s) Requested:																							
Travel/Fleet <input checked="" type="checkbox"/>		Travel/Purchase*/Fleet <input type="checkbox"/>				Purchase*/Fleet <input type="checkbox"/>				Are Convenience Checks Required? (Purchase Business Line Only) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
<p>*Note: If required by bureau/office policy or procedures, when selecting the Purchase Business Line, you must provide proof of training completion with an attached training certificate or the date of successful completion of the Purchase Training. Date: _____.</p> <p><b>Credit Worthiness Certification:</b></p> <p>_____ (sign your initials) I (the applicant) I authorize consent for JPMC to perform a credit worthiness evaluation at the request of my agency.</p> <p>_____ (sign your initials) I (the applicant) I do <b>not</b> authorize consent to a credit worthiness evaluation, and understand that I will receive a restricted card.</p>																							
Cardholder Signature: _____ NOTE: See Attached JPMorgan Chase Bank, N.A. GSA SmartPay@2 Integrated Cardholder Agreement for the terms and conditions of your Account										Date: _____													
Supervisor Name and Signature: _____ Name (Please print)										Supervisor Signature _____ Date _____													

## Page 2 – Cardholder Controls and Authorization

### Cardholder Controls – to be completed by A/OPC

<b>Cardholder Name</b>																													
<b>Authorization Controls</b>															<b>Standard Card Overall Account Credit Limit</b> \$			<b>Restricted Card Overall Account Credit Limit</b> \$											
ATM Pin Request (Y or N) : <input type="checkbox"/>																													
Merchant Category Code Groups (at least 1 MCCG required) – Indicate <b>Exclude</b> , <b>Divert</b> or <b>Blank</b>															<b>Cycle Limits STANDARD</b>			<b>Cycle Limits RESTRICTED</b>											
<b>MCC Group 1</b>					MCCG1 Action Code: <input type="checkbox"/> (Exclude, Divert or Blank)					MCC Group 1 Single Purchase Limit \$					\$			\$											
<b>MCC Group 2</b>					MCCG2 Action Code: <input type="checkbox"/> (Exclude, Divert or Blank)					MCC Group 2 – Single Purchase Limit \$					\$			\$											
MCC Group 2 – Other Dollar Amount (If Cash) Cash Daily \$      Cash Weekly \$										MCC Group 2 – Refresh Day of Week <b>Wednesday-7 Days</b>																			
Restricted: Cash Daily \$      Cash Weekly \$																													
<b>MCC Group 3</b>					MCCG3 Action Code: <input type="checkbox"/> (Exclude, Divert or Blank)					MCC Group 3 – Single Purchase Limit \$					\$			\$											
MCC Group 3 – Other Dollar Amount (If Cash) Cash Daily \$      Cash Weekly \$										MCC Group 3 – Refresh Day of Week <b>Wednesday-7 Days</b>																			
Restricted: Cash Daily \$      Cash Weekly \$																													
<b>MCC Group 4</b>					MCCG4 Action Code: <input type="checkbox"/> (Exclude, Divert or Blank)					MCC Group 4 – Single Purchase Limit \$					\$			\$											
MCC Group 4 – Other Dollar Amount (If Cash) Cash Daily \$      Cash Weekly \$										MCC Group 4 – Refresh Day of Week <b>Wednesday-7 Days</b>																			
Restricted: Cash Daily \$      Cash Weekly \$																													
<b>MCC Group 5</b>					MCCG5 Action Code: <input type="checkbox"/> (Exclude, Divert or, Blank )					MCC Group 5 – Single Purchase Limit \$					\$			\$											
MCC Group 5 – Other Dollar Amount (If Cash) Cash Daily \$      Cash Weekly \$										MCC Group 5 – Refresh Day of Week <b>Wednesday-7 Days</b>																			
Restricted: Cash Daily \$      Cash Weekly \$																													
<b>MCC Group 6</b>					MCCG6 Action Code: <input type="checkbox"/> (Exclude or Divert)																								
<b>If Action=Divert, Diversion Account #</b> 5   5   6   8   ---   2   6   7   9   --   0   0   0   0   ---																													
<b>Master Accounting Code</b>		<b>Segment 1</b>			<b>Segment 2</b>					<b>Segment 3</b>					<b>Segment 4</b>					<b>Segment 5</b>					<b>Segment 6</b>				
		Blank																											
<b>Approval Required – A/OPC</b>																													
Approved By:		Name (Please Type or Print)										A/OPC Signature: _____										Date: _____							
Address Line 1										Address Line 2																			
City:					State:					Zip Code:					Phone:					Fax:					Email:				
Forms may be sent by facsimile transmission to JPMC without hard copy follow up provided, however, that JPMC shall be entitled to rely on any unconfirmed, facsimile transmission made by any person or persons JPMC reasonably believes to be acting on behalf of the Corporation as if such notice had been confirmed and the Corporation hereby indemnifies and holds JPMC harmless from any loss, cost or expense, including reasonable attorney's fees, which JPMC may incur or become liable for as a result of such reliance.																													
<b>Bank Use Only</b>																													
<b>Account Number</b> _ _ _ _ - _ _ _ - _ _ _ _ - _ _ _ _																													
<b>Date:</b> _____										<b>Initials:</b> _____																			

## INTEGRATED ACCOUNT APPLICATION INSTRUCTIONS

**Purpose:** The U. S. Department of the Interior will use this form to establish an individual integrated card account.

**Instructions:** **Cardholders:** Fill out the section entitled “Action Required” and “Cardholder Information Required.” Please print or type all information except your signature.

**Supervisors:** After reviewing the information provided by the Employee, complete the Supervisors name and signature at the bottom of “Cardholder Information Required.” Please print or type all information except your signature.

**A/OPCs:** Fill out the sections entitled “Agency Information Required”, “Cardholder Controls”, and “Approval Required—A/OPC” Please print or type all information except your signature.

### Action Required –

- **New Account:** Check this box if the applicant has not had a JPMorgan Chase MasterCard with the Department of the Interior in this bureau.
- **Reinstatement:** Check this box if the applicant already had a JPMorgan Chase MasterCard account with the Department of the Interior in their current bureau that was previously closed and/or cancelled. Do not use “reinstatement” if cardholder is moving from one bureau to another.
- **Recheck Credit:** Check this box if the applicant already has a JPMorgan Chase MasterCard account with the Department of the Interior, but is now requesting an initial, or a recheck, of their credit score.

**Cardholder Account –** If action requested is “Reinstatement” complete cardholder’s recently canceled account or if “Recheck Credit” is requested then complete cardholders current account number.

### Agency Information Required

**Company Number –** Choose and complete the appropriate bureau company code listed below:

<u>BUREAU</u>	<u>COMPANY NUMBER</u>
Office of the Secretary	70000
Bureau of Land Management	70001
Bureau of Indian Affairs	70002
Bureau of Reclamation	70003
Bureau of Reclamation Job Corps	70004
US Geological Survey	70005
National Park Service	70006
US Fish and Wildlife Service	70007
Office of Surface Mining	70008
Minerals Management Service	70009
AQD – Herndon	70010
Office of Special Trustee	70011
Office of Inspector General	70012

**PaymentNet ID –** Refer to Bureau Hierarchy Listing. Report available to download in PaymentNet, Report entitled, “Hierarchy List by Level.” List only the single hierarchy node at which the card will reside.

**Tax Exempt Field –** Choose the appropriate bureau code listed below:

<u>BUREAU</u>	<u>TAX EXEMPT STATUS CODE</u>
Office of the Secretary	119
Bureau of Land Management	109
Bureau of Indian Affairs	108
Bureau of Reclamation	110
Bureau of Reclamation Job Corps	110
US Geological Survey	116
National Park Service	115
US Fish and Wildlife Service	111
Office of Surface Mining	114
Minerals Management Service	112
AQD – Herndon	119
Office of Special Trustee	117
Office of Inspector General	136

Cardholder Information Required							
<b>Cardholder name as it should appear on the card</b> – Field length available: 25 characters. Name should be listed First Name, space, then Middle Initial then Last Name. The First name plus middle initial should be separated from the last name by an asterisk.							
<b>Social Security Number</b> – Self-explanatory.							
<b>Date of Birth</b> – Self-explanatory.							
<b>Name Line 2: TAX EXEMPT ID 140001849</b> –Standard for most DOI accounts							
<b>Primary Mailing Address</b> – This is the address to which the employee's statement of account should be mailed. In general, a physical address is required on any "Code Red" or rush application. If the Purchase Business Line is being requested, the address <b>shall</b> be the applicant's office address in all cases.							
<ul style="list-style-type: none"> <li><u>Address Line 1</u>: Indicate the street or other address information. [Field length available: 35 positions. Data Type: Alphanumeric.]</li> <li><u>Address Line 2</u>: If needed, continue with the street or other address information required for mail delivery. [Field length available: 35 positions. Data Type: Alphanumeric.]</li> <li><u>City</u>: Self-explanatory. [Field length available: 23 positions. Data Type: Alphabetic.]</li> <li><u>State</u>: Self-explanatory. [Field length available: 2 positions. Data Type: Alphabetic.]</li> <li><u>Zip Code</u>: Self-explanatory. [Field length available: 5 positions. Data Type: Numeric.]</li> </ul>							
<b>Telephone Numbers (including applicable Area Codes)</b> –							
<ul style="list-style-type: none"> <li><b>Work Phone</b>: The applicant's commercially accessible work telephone number. [Field length available: 17 positions. Data Type: Numeric.]</li> <li><b>Fax Number</b>: The applicant's commercially accessible fax number, if available. [Field length available: 17 positions. Data Type: Numeric.]</li> <li><b>Home</b>: The applicant's home telephone number. [Field length available: 17 positions. Data Type: Numeric.]</li> </ul>							
<b>Master Accounting Code</b> - MAC or Default Account Code – The default account code that will be applied to all transactions for this account for budget tracking purposes. This is a mandatory field for non-FBMS bureaus. Complete segments in accordance with bureau format below. Note: FBMS bureaus should leave this section blank.							
	Bureau/Accounting Entity	Format Example*					
		SEG 1	SEG 2	SEG 3	SEG 4	SEG 5	SEG 6
	Bureau of Indian Affairs (BIA)	Blank	2009-A00100-31010	A0001000	261A	N/A	N/A
	Bureau of Land Management (BLM)	Blank	N/A	N/A	N/A	N/A	N/A
	Bureau of Reclamation (BOR)	Blank	K12-12345678-1234567	1234567	#####	261A	N/A
	Fish and Wildlife Service (FWS)	Blank	2009-12610000	12345	665K	261A	N/A
	Minerals Management Service (MMS)	Blank	N/A	N/A	N/A	N/A	N/A
	AQD - Herndon	Blank	5G2500RCC	261A	N/A	N/A	N/A
	Office of the Secretary	Blank	2009	6600	CBW01-#####	CZ	261A
	Office of Surface Mining	Blank	N/A	N/A	N/A	N/A	N/A
	National Park Service	Blank	200914920002SYA	261A	N/A	N/A	N/A
	US Geological Survey	Blank	2009-2010	6120-00060	261A	N/A	N/A
	Office of the Special Trustee	Blank	2009-70000000	9999	261A	N/A	N/A
	BOR Job Corps	Blank	2009-08P-503521	6701	261A	N/A	N/A
<b>Business Lines Requested</b> – Select business line(s) requested. If purchase is selected, convenience checks may be selected with the proper training and approval.							
<b>Credit Worthiness Certification</b> – Employee must initial authorizing consent for JPMorgan Chase to perform a credit worthiness evaluation or deny consent. If an applicant denies consent, a restricted card will be issued with reduced spending limits. If neither block is initialed, the application will be returned to the A/OPC for further instruction.							

**Applicant's Signature and Date** – Employee's signature and the date the application form is signed.

**Supervisor's Approval Signature and Date** – Employee's supervisor must sign and date the setup/application form.

**Cardholder Controls (Section to be completed by the Agency/Organization Program Coordinator)**

**Cardholder name as it should appear on the card** – Self-explanatory.

**ATM Pin Request** – Check whether or not a PIN mailer should be mailed to the cardholder (travel business line only).

- Yes (GSTD): An ATM Personal Identification Number (PIN) for cash access will be issued to the cardholder
- No (GSPN): No ATM Personal Identification Number (PIN) will be issued to the cardholder.

**Authorization Controls** – Specify the Authorization Controls that will apply to this account. Authorization controls identify the type of transactions a cardholder may make and to limit account spending on a daily, weekly, or per cycle basis

- MCC Group – See DOI list of authorized MCC Groupings at <http://www.doi.gov/pam/chargecard/aopcs.html#2>. If either box is blank, the application will be returned to the A/OPC for further instruction.
- MCCG Action Code – Choices are “B” Blank, “E” Exclude and “D” Divert. See hyperlink above for MCC Grouping List.
- Spending Limits – See Bureau Lead for chart of spending limits.
  - Single Purchase Limit
  - Cycle Limit
  - Other Dollar Amount (if cash)
- Overall Credit Limit – See Bureau Lead for chart of spending limits. If either box is blank, the application will be returned to the A/OPC for further instruction.
  - Standard – Add total of all assigned purchase and travel grouping cycle limits, including monthly cash limit, to come up with total.
  - Restricted – Add total of all assigned purchase and restricted travel grouping cycle limits, including monthly cash limit, to come up with total and round up to nearest \$1,000.

**If Action=Divert, Diversion Account No.** Complete bureau primary diversion account number.

**BUREAU**

**LAST FOUR OF DIVERSION ACCOUNT NUMBER**

Office of the Secretary	####-####-####-2799
Bureau of Land Management	####-####-####-2815
Bureau of Indian Affairs	####-####-####-2849
Bureau of Reclamation	####-####-####-2880
Bureau of Reclamation Job Corps	####-####-####-2914
US Geological Survey	####-####-####-2930
National Park Service	####-####-####-2963
US Fish and Wildlife Service	####-####-####-2997
Office of Surface Mining	####-####-####-3029
Minerals Management Service	####-####-####-3045
AQD – Herndon	####-####-####-2773
Office of Special Trustee	####-####-####-3300
Office of Inspector General	####-####-####-3086

**Please verify the Master Accounting Code indicated in “Cardholder Information Required” above.** If incorrect, please specify the correct one here – Self-explanatory.

**Part 2 (Section to be completed by the Agency/Organization Program Coordinator)**

**A/OPC** – Printed or typed name of the Agency/Organization Program Coordinator (A/OPC) authorizing this application on behalf of their bureau or office and the Department of the Interior.

**Signature** – A/OPC's signature.

**Date** – Date of A/OPC's signature.

**Address Line 1** – The first line of the agency address should start with the bureau or office name.

**Address Line 2** – If needed, continue with the street, P.O. Box or other address information.

**City** – Self-explanatory.

**State** – Self-explanatory.

**Zip Code** – Self-explanatory.

**Phone** – Self-explanatory.

**Fax** – Self-explanatory.

**E-mail** – Self-explanatory.

**Once completed, you may FAX completed application form(s) to:**

JPMorgan Chase at **1-888-297-0785**



## JPMORGAN CHASE BANK, N.A. GSA SMARTPAY® 2 INTEGRATED CARDHOLDER AGREEMENT

**IMPORTANT:** BEFORE YOU SIGN OR USE THE GOVERNMENT CARD, READ THE AGREEMENT THOROUGHLY. PLEASE RETAIN THIS AGREEMENT FOR YOUR RECORDS.

The following is the agreement between us and you covering your JPMorgan Chase GSA SmartPay®2 Charge Card (herein referred to as the "Card") and your card account with us. BY ACTIVATING, SIGNING OR USING THE CARD AND/OR ACCOUNT, YOU WILL BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT. IF YOU DO NOT AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, CUT THE CARD IN HALF AND RETURN THE PIECES TO US. UPON RECEIPT, WE WILL NOTIFY YOUR AGENCY/ORGANIZATION PROGRAM COORDINATOR (A/OPC).

1) Definitions - The words "you" or "your" mean the Agency/Organization employee whose name appears on the Card. The words, "we", "our" and "us" refer to JPMorgan Chase Bank, N.A. (Chase). The words "Agency/Organization" mean the United States federal agency, bureau, division, office or other organizational entity participating in the program that has requested/authorized us to open an account for you. The word "Program" means the Charge Card program established pursuant to the GSA Contract. The word "Card" means the Card issued to you by us under the Program. The word "Account" means the Account and the Account Number established by us in connection with the Card. The word "Association" means MasterCard. The words "GSA Contract" refer to the General Services Administration contract no. GS-23F-T0002.

2) Promise to Pay; Liability - All individually billed amounts charged to the Account including purchases, cash advances and fees will be called "Charges." You promise to pay for all individually billed Charges (as reflected on your billing statement) made by you or anyone you allow to use the Account until paid in full. Official individually billed travel and travel-related expenses charged to the Card will be reimbursed by the Agency/Organization under the Agency's/Organization's expense reimbursement procedures applicable to you. You also agree to report your expenses promptly to the Agency/Organization in accordance with its expense reimbursement procedures. You are responsible for making payment to us for individually billed charges. You are responsible for all Charges made with the Card even if you let someone else use the Card or voluntarily relinquish physical possession of the Card. You must retrieve the Card from that person to avoid further liability.

3) Use of Card - You agree to use the Card only for official government purchase, travel, and/or fleet expenses in accordance with your Agency/Organization policy. You agree not to use the Card for personal, family or household purposes, or to pay expenses of others. Charging privileges on the Card are provided to you by us pursuant to the GSA Contract and the task order of your Agency/Organization. No other person is permitted to use the Card issued to you for Charges or for any other reason. Charging privileges will be withdrawn upon (i) request by GSA or Agency/Organization; (ii) termination of your employment with your Agency/Organization; (iii) termination or expiration of the GSA Contract; (iv) termination or the expiration of Agency/Organization task order; or (v) Cards being reported lost or stolen or suspicion of fraud.

4) Billing Statements - You will receive a billing statement periodically (normally monthly). Your payment is due at our offices on or before the Payment Due Date shown on your billing statement. Payment for all individually billed undisputed Charges is due at our offices on or before the Payment Due Date shown on your billing statement. For questions about your bill, billing disputes, or problems with goods or services purchased with the Card, you can call us using our toll-free domestic telephone number, 1 (888) 297-0781, or if calling internationally call collect 1 (847) 488-4441, or for TTY, use relay service.

5) Payments - You must pay the undisputed portion of the new balance in full each month. Payments must be made in U.S. currency, in electronic form or with a money order payable in U.S. dollars, or with a draft or a check drawn on a bank in the U.S. and payable in U.S. dollars. If we decide to accept a payment made in some other form, payment will not be credited to your Account until your payment is converted into one of the forms just mentioned. We may accept late payments, partial payments or checks and money orders marked "payment in full" or with other restrictive endorsements without losing any rights under this Agreement or under the law.

6) Travelers Checks - Your Agency/Organization may approve your Account for travelers check purchases. This will enable you to make purchases of travelers checks using your Card from banks or other institutions that accept the Card for payment. If you are authorized by your Agency/Organization to purchase travelers checks with your card, procedures will be made available to you.

7) ATM - Your Agency/Organization may approve your Account for cash access privileges. This will enable you to obtain cash from automated teller machines ("ATMs") operated by a bank or other institutions. If you are approved for cash access privileges, you will receive a personal identification number ("PIN"). You agree to take all reasonable precautions to prevent any other person from learning your PIN or using your Card to make unauthorized transactions. You agree that if you voluntarily give the Card and your PIN to someone else for any reason, you are authorizing all transactions made by that person.

8) Fees - Refer to the accompanying Schedule of Fees

9) Disclosure of Account Information - In addition to the routine uses under the Privacy Act, you authorize us to (i) conduct a credit history evaluation prior to issuing a card if requested by your agency in accordance with OMB Circular A-123, Appendix B; (ii) provide information about your Account to our service providers administering your Account under the GSA Contract; (iii) disclose all necessary Account information to an outside attorney, collection agency or credit bureau if we refer all or part of the Account for collection in accordance with the GSA Contract and your Agency/Organization's task order, and (iv) disclose all transaction and merchant data to the GSA, your Agency/Organization, and other entities in accordance with the GSA Contract and your Agency/Organization's task order. You understand that past due Accounts will be reported to your Agency/Organization. By using the card or account, you are providing your consent to the disclosure of Account information as provided in this Section 9.



10) Suspension - We can suspend your Account and prohibit further Charges if i) payment for any undisputed principal amount is not received within 61 calendar days from the closing date on the statement in which the unpaid charge first appeared, or within the Agency/Organization time frame specified in the task order, unless otherwise directed by the Agency/Organization, or ii) the Agency/Organization or GSA requests the suspension. Chase will reinstate your suspended Account upon full payment of the amount due unless otherwise directed by the Agency/Organization.

11) Cancellation - We can cancel your Account and prohibit further Charges if i) your employment with your Agency/Organization is terminated regardless of the reason; ii) the GSA Contract and/or Agency/Organization task order expires or is terminated; iii) your Agency/Organization or GSA requests it; iv) the Account has been used for other than authorized purposes and cancellation is approved by your Agency/Organization; v) your Account has been suspended two times during a 12 month period for non-payment of undisputed principal amounts and is past due again (for purpose of this section 11, subsection v), "past due" means payment is not received within 45 calendar days from the closing date on the statement of Account in which the Charge first appeared; and vi) the Account is 96 calendar days past due from the closing date on the statement of Account in which the unpaid Charge first appeared, or within the Agency/Organization time frame specified in the task order, unless otherwise directed by the Agency/Organization. We may reinstate a canceled Account upon full payment of the amount due and any late fee assessed. You can cancel your Account at any time by writing to us at JPMorgan Chase, PO Box 2030 Mail Code IL1-6225 Elgin IL 60121-2030.

12) Lost, Stolen or Compromised Card or Account and Card Renewals - You agree to notify us immediately if the Card is lost or stolen or compromised or if you suspect it is being used without your permission. The toll-free domestic telephone number is 1 (888) 297-0782, the international number for collect calls is 1 (847) 488-4442, and for TTY, use relay service. If there is any unauthorized use of your Card or Account you agree to cooperate with us during our investigation, which will include your completion of a Dispute Form (on-line or hard-copy). Should you need a replacement card, please call the same telephone number listed above for Lost, Stolen or Compromised Cards. Any renewal Card will be provided to you prior to the expiration date of your current Card. Follow the instructions included with such renewal Card for activation of the renewal Card.

13) Change of Terms - We may, with the written consent of GSA and your Agency/Organization, change the terms of this Agreement upon 30-day written notice to you. Changes in any such notice may apply to new transactions and to your Account balance on the date the change becomes effective. If you do not agree to a change in terms of this agreement, you must notify us prior to the effective date of the change, cut the card in half, and return the pieces to us.

14) International Transactions and Association Fees. International transactions include any transaction made in a foreign currency or that is made outside the United States of America even if it is made in U.S. dollars. If an international transaction is made in a currency other than U.S. dollars, the Association will convert the transaction into U.S. dollars using its respective currency conversion procedures. The exchange rate each Association uses to convert currency is a rate that it selects either from the range of rates available in the wholesale currency markets for the applicable processing date (which rate may vary from the rate the respective entity itself receives), or the government-mandated rate in effect on the applicable processing date. The rate in effect on the applicable processing date may differ from the rate on the date when the international transaction occurred or when the Account was used. Chase reserves the right to pass through the Association's fee applied to international transactions. The Association's international transaction fee will be calculated on the U.S. dollar amount provided to Chase by the Association and will be up to 1% of the transaction amount. The same process and charges may apply if any international transaction is reversed.

15) Disclaimer of Liability - In no event shall we be liable to you for any consequential, special, indirect or punitive damages of any nature.

16) Assignment - We can assign your Account and any of our rights under this Agreement without your consent or notice to you.

17) Notices - All notices required to be given by us in connection with your Account shall be deemed to have been delivered on the earlier of the day on which the notice is actually received by the party to which addressed or three days after the notice has been deposited in the United States mail, postage prepaid.

18) Severability - If any provision in this Agreement is held to be inoperative, unenforceable or invalid, that provision shall be inoperative, unenforceable or invalid without affecting the remaining provisions.

19) Collection/Telephone Monitoring - You agree that if you do not pay your Account, Chase or our collection agent may call you regarding the collection of your Account. You understand that the calls could be automatically dialed and a recorded message may be played. You agree such calls will not be "unsolicited" calls for purposes of local, state or federal law. You agree that we may monitor telephone calls between you and us to ensure the quality of the customer service we provide. You will be liable for any collection fees in the event we employ collection actions to collect your Account. You also agree and authorize us that we may use whatever lawful garnishment and salary offset remedies that may be available to us.

20) GOVERNING LAW - THIS AGREEMENT AND YOUR ACCOUNT ARE SUBJECT TO THE GSA CONTRACT AND SHALL BE GOVERNED BY FEDERAL LAWS AND THE LAWS OF THE STATE OF NEW YORK.



**PRIVACY ACT NOTICE:**

In accordance with the Privacy Act (5 U.S.C. 552a), the following notice is provided: The information requested on the card application form is collected pursuant to Executive Order 9397 and chapter 57, title 5, United States Code, for the purposes of recording travel expenses incurred by the employee/member and to claim entitlements and allowances prescribed in applicable federal travel regulations. The purpose of the collection of this information is to provide Government agencies necessary information on the GSA Contract, which provides employees with Cards for official expenses, attendant operational and control support, and management information reports for expense control. Routine uses which may be made of the collected information and other account information in the system of records entitled "Travel Charge Card Program GSA/GOVT-3" are as follows: (1) transfers to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, administrative, or regulatory investigations, (2) pursuant to a request of another Federal agency in connection with hiring, retention, issuing a security clearance, reporting an employee investigation, clarifying a job, letter or contract or issuing a license, grant, or other benefit, (3) to a Member of Congress or to a Congressional Staff Member in response to an inquiry of the Congressional Office made at the request of the individual about whom the record is maintained, (4) to officials of labor organizations when necessary to their duties of exclusive representation, (5) to a Federal agency for accumulating reporting data and monitoring the system, (6) GSA contract travel agents assigned to agencies for billing of travel expenses, (7) listing, reports, and records to GSA by the contractor to conduct audits of carrier charges to the Government, and (8) any other use specified by GSA in the system of records entitled "Travel Charge Card Program GSA/GOVT-3," as published in the Federal Register periodically by GSA. The information requested is not mandatory. Failure to provide the information will nullify the application, and a Card will not be issued to the employee/member.